Substitute for form 1449/PTO			COMPLETE IF KNOWN			
INFORMATION	N DIS	CLOSURE	Application Number	10/570,913		
STATEMENT B			Filing Date	March 1, 2006		
OCI 2 3 2008	YAP	PLICANI	First Named Inventor	Shen et al.		
001 2 3 2000		,	Group Art Unit	1625		
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Sheet 1	of	2	Attorney Docket Number	21437Y		

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Examiner Cite Initials* No.		U.S. Patent Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	
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<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449/PTO				COMPLETE IF KNOWN		
	DIS	CLOSURE	Application Number	10/570,913		
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2	of	2	Attorney Docket Number	21437Y		
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Examiner Initials*	Cite No.	Include name of the author, title, date, page(s), volume-issue number(s) and place of publication.				
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